

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/979563

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51									
2		1					52									
3		2					53									
4		3					54									
5		4					55									
6	1						56									
7	1						57									
8		1					58									
9		2					59									
10		3					60									
11	1						61									
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46		35					96									
47		36					97									
48		37					98									
49		38					99									
50		39					100									
TOTAL							TOTAL									
TOTAL							IND.									
TOTAL							DEP.									
TOTAL							CLAIMS									

BEST AVAILABLE COPY